

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa

F.

LUNT

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

892 Bruce Drive

mailing address,

including country)

Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Matthew	K.	FRANKLIN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 334 Grant Avenue
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

David	L.	HECHT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2001 Barbara Drive
Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Thomas	A.	BERSON
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 764 Forest Avenue
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Mark	J.	STEFIK
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Portula Valley CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 10 Portula Green Circle
Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany
Post Office Address:
(Insert complete mailing address, including country) 111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any) Douglas N. CURRY
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** X Douglas N. Curry

3 ****DATE OF SIGNATURE:** X October 20, 2000
 Month Day Year

Residence: Palo Alto CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any) Daniel H. GREENE
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: Sunnyvale CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any) Robert T. KRIVACIC
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: San Jose CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any) _____
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: _____
 City State or Province Country

Citizenship: _____
 Post Office Address:
 (Insert complete mailing address, including country) _____

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name**
of First or Sole Inventor

Given Name	Middle Initial	Family Name
Teresa	F.	LUNT

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:			
(Insert complete mailing address, including country)	892 Bruce Drive		
	Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Matthew	K.	FRANKLIN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 334 Grant Avenue
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

David	L.	HECHT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2001 Barbara Drive
Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Thomas	A.	BERSON
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 764 Forest Avenue
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Mark	J.	STEFIK
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Portula Valley CA U.S.A.
City State or Province Country

Citizenship: country
Post Office Address:
(Insert complete mailing address, including country) 10 Portula Green Circle
Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)
21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)
2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany

Post Office Address:
(Insert complete mailing address, including country)
111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)
4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application.

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** X Daniel H Greene

3 ****DATE OF SIGNATURE:** X 11 22 2000
Month Day Year

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:
City State or Province Country

Citizenship:
Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa	F.	LUNT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
Residence: Palo Alto	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete mailing address, including country) 892 Bruce Drive
Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Second Joint Inventor (if any)**Mathew
Given NameK.
Middle InitialFRANKLIN
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

334 Grant Avenue

Palo Alto, CA 94306

1 **Typewritten Full Name****of Third Joint Inventor (if any)**David
Given NameL.
Middle InitialHECHT
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2001 Barbara Drive

Palo Alto, CA 94303

1 **Typewritten Full Name****of Fourth Joint Inventor (if any)**Thomas
Given NameA.
Middle InitialBERSON
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

764 Forest Avenue

Palo Alto, CA 94301

1 **Typewritten Full Name****of Fifth Joint Inventor (if any)**Mark
Given NameJ.
Middle InitialSTEFIK
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Portula Valley

CA

U.S.A.

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete
mailing address, including

10 Portula Green Circle

country)

Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)
21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)
2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany

Post Office Address:
(Insert complete
mailing address,
including country)
111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address, including
country)
4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2577 Park Boulevard #V205

Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	Sunnyvale	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

1055 Manet Drive #6

Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	San Jose	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2302 Gunar Drive

San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:			
	City	State or Province	Country

Citizenship:

Post Office Address:

(Insert complete
mailing address, including

country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name**
of First or Sole Inventor

Teresa	F.	LUNT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:	892 Bruce Drive		
(Insert complete mailing address, including country)	Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Second Joint Inventor (if any)**

Matthew

K.

FRANKLIN

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

mailing address,

including country)

334 Grant Avenue

Palo Alto, CA 94306

1 **Typewritten Full Name****of Third Joint Inventor (if any)**

David

L.

HECHT

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

mailing address,

including country)

2001 Barbara Drive

Palo Alto, CA 94303

1 **Typewritten Full Name****of Fourth Joint Inventor (if any)**

Thomas

A.

BERSON

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

mailing address,

including country)

764 Forest Avenue

Palo Alto, CA 94301

1 **Typewritten Full Name****of Fifth Joint Inventor (if any)**

Mark

J.

STEFIK

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Portula Valley

CA

U.S.A.

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete

mailing address, including

10 Portula Green Circle

country)

Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1	Typewritten Full Name of Sixth Joint Inventor (if any)			R.	Drew	DEAN
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
	Residence:	Cupertino	CA	U.S.A.		
		City	State or Province	Country		
	Citizenship:	U.S.A.				
		Post Office Address:				
		(Insert complete mailing address, including country)				
		21070 White Fir Court				
		Cupertino, CA 95014				
1	Typewritten Full Name of Seventh Joint Inventor (if any)			Alan	G.	BELL
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
	Residence:	Palo Alto	CA	U.S.A.		
		City	State or Province	Country		
	Citizenship:	U.S.A.				
		Post Office Address:				
		(Insert complete mailing address, including country)				
		2125 Emerson Street				
		Palo Alto, CA 94301				
1	Typewritten Full Name of Eighth Joint Inventor (if any)			Thomas	M.	BREUEL
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			<i>Thomas M Breuel</i>		
3	**DATE OF SIGNATURE:			11	14	2000
				Month	Day	Year
	Residence:	Brisbane	CA	U.S.A.		
		City	State or Province	Country		
	Citizenship:	Germany				
		Post Office Address:				
		(Insert complete mailing address, including country)				
		111 Cliff Swallow Court				
		Brisbane, CA 94005				
1	Typewritten Full Name of Ninth Joint Inventor (if any)			Todd	A.	CASS
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
	Residence:	San Francisco	CA	U.S.A.		
		City	State or Province	Country		
	Citizenship:	U.S.A.				
		Post Office Address:				
		(Insert complete mailing address, including country)				
		4 Digby Street				
		San Francisco, CA 94131				

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

Palo Alto	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 2577 Park Boulevard #V205
 Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

Sunnyvale	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 1055 Manet Drive #6
 Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

San Jose	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.
 Post Office Address:
 (Insert complete mailing address, including country) 2302 Gunar Drive
 San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

City	State or Province	Country
------	-------------------	---------

Citizenship:

Post Office Address: (Insert complete mailing address, including country)
--

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name**
of First or Sole Inventor

Teresa	F.	LUNT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:	(Insert complete mailing address, including country)		
	892 Bruce Drive Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Matthew	K.	FRANKLIN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 334 Grant Avenue
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

David	L.	HECHT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2001 Barbara Drive
Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Thomas	A.	BERSON
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 764 Forest Avenue
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Mark	J.	STEFIK
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Portula Valley CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 10 Portula Green Circle
Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Sixth Joint Inventor (if any)**R.
Given NameDrew
Middle InitialDEAN
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Cupertino

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)

21070 White Fir Court

Cupertino, CA 95014

1 **Typewritten Full Name****of Seventh Joint Inventor (if any)**Alan
Given NameG.
Middle InitialBELL
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)

2125 Emerson Street

Palo Alto, CA 94301

1 **Typewritten Full Name****of Eighth Joint Inventor (if any)**Thomas
Given NameM.
Middle InitialBREUEL
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Brisbane

CA

U.S.A.

City

State or Province

Country

Citizenship:

Germany

Post Office Address:
(Insert complete
mailing address,
including country)

111 Cliff Swallow Court

Brisbane, CA 94005

1 **Typewritten Full Name****of Ninth Joint Inventor (if any)**Todd
Given NameA.
Middle InitialCASS
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

San Francisco

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address, including

4 Digby Street

country)

San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: City State or Province Country

Citizenship: Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa	F.	LUNT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:	892 Bruce Drive		
(Insert complete mailing address, including country)	Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Matthew	K.	FRANKLIN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 334 Grant Avenue
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

David	L.	HECHT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2001 Barbara Drive
Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Thomas	A.	BERSON
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 764 Forest Avenue
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Mark	J.	STEFIK
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____

Month	Day	Year
-------	-----	------

Residence: Portula Valley CA U.S.A.
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country) 10 Portula Green Circle
Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** X Alan G. Bell

3 ****DATE OF SIGNATURE:** X Oct 27 2000
Month Day Year

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany
Post Office Address:
(Insert complete mailing address, including country) 111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country) _____

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Given Name	Middle Initial	Family Name
Teresa	F.	LUNT

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: Palo Alto
City

CA
State or Province

U.S.A.
Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

892 Bruce Drive

Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1	Typewritten Full Name		
	of Second Joint Inventor (if any)		
	Matthew	K.	FRANKLIN
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
	Month	Day	Year
	Residence: Palo Alto	CA	U.S.A.
	City	State or Province	Country
	Citizenship: U.S.A.		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	334 Grant Avenue		
	Palo Alto, CA 94306		
1	Typewritten Full Name		
	of Third Joint Inventor (if any)		
	David	L.	HECHT
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
	Month	Day	Year
	Residence: Palo Alto	CA	U.S.A.
	City	State or Province	Country
	Citizenship: U.S.A.		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	2001 Barbara Drive		
	Palo Alto, CA 94303		
1	Typewritten Full Name		
	of Fourth Joint Inventor (if any)		
	Thomas	A.	BERSON
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
	Month	Day	Year
	Residence: Palo Alto	CA	U.S.A.
	City	State or Province	Country
	Citizenship: U.S.A.		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	764 Forest Avenue		
	Palo Alto, CA 94301		
1	Typewritten Full Name		
	of Fifth Joint Inventor (if any)		
	Mark	J.	STEFIK
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
	Month	Day	Year
	Residence: Portula Valley	CA	U.S.A.
	City	State or Province	Country
	Citizenship:		
	Post Office Address:		
	(Insert complete mailing address, including country)		
	10 Portula Green Circle		
	Portula Valley, CA 94028		

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Sixth Joint Inventor (if any)**

R.	Drews	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**X Drew Dean3 ****DATE OF SIGNATURE:**

X	October	31	2000
Month		Day	Year

Residence:	Cupertino	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete mailing address, including country)

21070 White Fir Court

Cupertino, CA 95014

1 **Typewritten Full Name****of Seventh Joint Inventor (if any)**

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete mailing address, including country)

2125 Emerson Street

Palo Alto, CA 94301

1 **Typewritten Full Name****of Eighth Joint Inventor (if any)**

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:	Brisbane	CA	U.S.A.
	City	State or Province	Country

Citizenship: Germany

Post Office Address:

(Insert complete mailing address, including country)

111 Cliff Swallow Court

Brisbane, CA 94005

1 **Typewritten Full Name****of Ninth Joint Inventor (if any)**

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:	San Francisco	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete mailing address, including

4 Digby Street

country)

San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: City State or Province Country

Citizenship: Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa	F.	LUNT
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

892 Bruce Drive

Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	<i>Typewritten Full Name of Second Joint Inventor (if any)</i>	Matthew Given Name	K. Middle Initial	FRANKLIN Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Palo Alto City	CA State or Province	U.S.A. Country
	Citizenship:	U.S.A.		
	Post Office Address: (Insert complete mailing address, including country)	334 Grant Avenue Palo Alto, CA 94306		
1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>	David Given Name	L. Middle Initial	HECHT Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Palo Alto City	CA State or Province	U.S.A. Country
	Citizenship:	U.S.A.		
	Post Office Address: (Insert complete mailing address, including country)	2001 Barbara Drive Palo Alto, CA 94303		
1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Thomas Given Name	A. Middle Initial	BERSON Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Palo Alto City	CA State or Province	U.S.A. Country
	Citizenship:	U.S.A.		
	Post Office Address: (Insert complete mailing address, including country)	764 Forest Avenue Palo Alto, CA 94301		
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Mark Given Name	J. Middle Initial	STEFIK Family Name
2	**INVENTOR'S SIGNATURE: <i>X [Signature]</i>			
3	**DATE OF SIGNATURE: <i>X 26 Nov 2000</i>			
		Month	Day	Year
	Residence:	Portola Valley City	CA State or Province	U.S.A. Country
	Citizenship:	U.S.A.		
	Post Office Address: (Insert complete mailing address, including country)	10 Portola Green Circle Portola Valley, CA 94028		

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:	Cupertino	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

21070 White Fir Court

Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2125 Emerson Street

Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:	Brisbane	CA	U.S.A.
	City	State or Province	Country

Citizenship: Germany

Post Office Address:

(Insert complete
mailing address,
including country)

111 Cliff Swallow Court

Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:	San Francisco	CA	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:

(Insert complete

mailing address, including

4 Digby Street

country)

San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application.

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: City State or Province Country

Citizenship: country)
Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

	Teresa	F.	LUNT
	Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

	Month	Day	Year
Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:	892 Bruce Drive		
(Insert complete mailing address, including country)	Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Second Joint Inventor (if any)**

Matthew

K.

FRANKLIN

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

334 Grant Avenue

mailing address,

including country)

Palo Alto, CA 94306

1 **Typewritten Full Name****of Third Joint Inventor (if any)**

David

L.

HECHT

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

2001 Barbara Drive

mailing address,

including country)

Palo Alto, CA 94303

1 **Typewritten Full Name****of Fourth Joint Inventor (if any)**

Thomas

A.

BERSON

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

764 Forest Avenue

mailing address,

including country)

Palo Alto, CA 94301

1 **Typewritten Full Name****of Fifth Joint Inventor (if any)**

Mark

J.

STEFIK

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Portula Valley

CA

U.S.A.

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete

10 Portula Green Circle

mailing address, including

country)

Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1	Typewritten Full Name of Sixth Joint Inventor (if any)			R.	Drew	DEAN
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
Residence:	Cupertino	CA	U.S.A.			
	City	State or Province	Country			
Citizenship:	U.S.A.					
	Post Office Address:					
	(Insert complete mailing address, including country)					
	21070 White Fir Court					
	Cupertino, CA 95014					
1	Typewritten Full Name of Seventh Joint Inventor (if any)			Alan	G.	BELL
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
Residence:	Palo Alto	CA	U.S.A.			
	City	State or Province	Country			
Citizenship:	U.S.A.					
	Post Office Address:					
	(Insert complete mailing address, including country)					
	2125 Emerson Street					
	Palo Alto, CA 94301					
1	Typewritten Full Name of Eighth Joint Inventor (if any)			Thomas	M.	BREUEL
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
Residence:	Brisbane	CA	U.S.A.			
	City	State or Province	Country			
Citizenship:	Germany					
	Post Office Address:					
	(Insert complete mailing address, including country)					
	111 Cliff Swallow Court					
	Brisbane, CA 94005					
1	Typewritten Full Name of Ninth Joint Inventor (if any)			Todd	A.	CASS
				Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:					
3	**DATE OF SIGNATURE:					
				Month	Day	Year
Residence:	San Francisco	CA	U.S.A.			
	City	State or Province	Country			
Citizenship:	U.S.A.					
	Post Office Address:					
	(Insert complete mailing address, including country)					
	4 Digby Street					
	San Francisco, CA 94131					

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name****of Tenth Joint Inventor (if any)**

Douglas

N.

CURRY

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2577 Park Boulevard #V205

Palo Alto, CA 94306

1 **Typewritten Full Name****of Eleventh Joint Inventor (if any)**

Daniel

H.

GREENE

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Sunnyvale

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

1055 Manet Drive #6

Sunnyvale, CA 94087

1 **Typewritten Full Name****of Twelfth Joint Inventor (if any)**

Robert

T.

KRIVACIC

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

San Jose

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete
mailing address,
including country)

2302 Gunar Drive

San Jose, CA 95124

1 **Typewritten Full Name****of Thirteenth Joint Inventor (if any)**

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete
mailing address, including

country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa

F.

LUNT

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

Citizenship:

U.S.A.

City

State or Province

Country

Post Office Address:

(Insert complete

mailing address,

including country)

892 Bruce Drive

Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name***of Second Joint Inventor (if any)*Matthew
Given NameK.
Middle InitialFRANKLIN
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)

334 Grant Avenue

Palo Alto, CA 94306

1 **Typewritten Full Name***of Third Joint Inventor (if any)*David
Given NameL.
Middle InitialHECHT
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)

2001 Barbara Drive

Palo Alto, CA 94303

1 **Typewritten Full Name***of Fourth Joint Inventor (if any)*Thomas
Given NameA.
Middle InitialBERSON
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)

764 Forest Avenue

Palo Alto, CA 94301

1 **Typewritten Full Name***of Fifth Joint Inventor (if any)*Mark
Given NameJ.
Middle InitialSTEFIK
Family Name2 ****INVENTOR'S SIGNATURE:**3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Portula Valley

CA

U.S.A.

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete
mailing address, including

10 Portula Green Circle

country)

Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany
Post Office Address:
(Insert complete mailing address, including country) 111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: City State or Province Country

Citizenship: Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Teresa

F.

LUNT

Given Name

Middle Initial

Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month

Day

Year

Residence:

Palo Alto

CA

U.S.A.

City

State or Province

Country

Citizenship:

U.S.A.

Post Office Address:

(Insert complete

mailing address,

including country)

892 Bruce Drive

Palo Alto, CA 94303

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Matthew K. FRANKLIN
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** X *Matthew K. Frankl*

3 ****DATE OF SIGNATURE:** X November 12 2000
Month Day Year

Residence: *Palo Alto* Davis CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country) *1506 Union Drive*
Palo Alto, CA 94306 *Davis, CA 95616*

1 **Typewritten Full Name**
of Third Joint Inventor (if any) David L. HECHT
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country) 2001 Barbara Drive
Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) Thomas A. BERSON
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country) 764 Forest Avenue
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) Mark J. STEFIK
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Portula Valley CA U.S.A.
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country) 10 Portula Green Circle
Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)
21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address,
including country)
2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany

Post Office Address:
(Insert complete
mailing address,
including country)
111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete
mailing address, including
country)
4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

Palo Alto	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)

2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

Sunnyvale	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)

1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

San Jose	CA	U.S.A.
City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)

2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:

City	State or Province	Country
------	-------------------	---------

Citizenship:

Post Office Address: (Insert complete mailing address, including country)
--

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR FORGERY DETECTION AND DETERRENCE OF PRINTED DOCUMENTS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name**
of First or Sole Inventor

Given Name	Middle Initial	Family Name
Teresa	F.	LUNT

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:	Palo Alto	CA	U.S.A.
	City	State or Province	Country
Citizenship:	U.S.A.		
Post Office Address:			
(Insert complete mailing address, including country)	892 Bruce Drive		
	Palo Alto, CA 94303		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Matthew K. FRANKLIN
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: Palo Alto CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.

Post Office Address:
 (Insert complete mailing address, including country) 334 Grant Avenue
 Palo Alto, CA 94306

1 **Typewritten Full Name**
of Third Joint Inventor (if any) David L. HECHT
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** X *David L. Hecht*

3 ****DATE OF SIGNATURE:** X *Nov. 10, 2000*
 Month Day Year

Residence: Palo Alto CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.

Post Office Address:
 (Insert complete mailing address, including country) 2001 Barbara Drive
 Palo Alto, CA 94303

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) Thomas A. BERSON
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: Palo Alto CA U.S.A.
 City State or Province Country

Citizenship: U.S.A.

Post Office Address:
 (Insert complete mailing address, including country) 764 Forest Avenue
 Palo Alto, CA 94301

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) Mark J. STEFIK
 Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
 Month Day Year

Residence: Portula Valley CA U.S.A.
 City State or Province Country

Citizenship: _____

Post Office Address:
 (Insert complete mailing address, including country) 10 Portula Green Circle
 Portula Valley, CA 94028

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any)

R.	Drew	DEAN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Cupertino CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 21070 White Fir Court
Cupertino, CA 95014

1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

Alan	G.	BELL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2125 Emerson Street
Palo Alto, CA 94301

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

Thomas	M.	BREUEL
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Brisbane CA U.S.A.
City State or Province Country

Citizenship: Germany
Post Office Address:
(Insert complete mailing address, including country) 111 Cliff Swallow Court
Brisbane, CA 94005

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

Todd	A.	CASS
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Francisco CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 4 Digby Street
San Francisco, CA 94131

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Discard this page in a sole inventor application

1 **Typewritten Full Name**
of Tenth Joint Inventor (if any)

Douglas	N.	CURRY
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2577 Park Boulevard #V205
Palo Alto, CA 94306

1 **Typewritten Full Name**
of Eleventh Joint Inventor (if any)

Daniel	H.	GREENE
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: Sunnyvale CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1055 Manet Drive #6
Sunnyvale, CA 94087

1 **Typewritten Full Name**
of Twelfth Joint Inventor (if any)

Robert	T.	KRIVACIC
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence: San Jose CA U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 2302 Gunar Drive
San Jose, CA 95124

1 **Typewritten Full Name**
of Thirteenth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:
City State or Province Country

Citizenship:
Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.